

**SUMMARY FORM**

**COLLECTIVE BARGAINING AGREEMENT  
PUBLIC SECTOR / NON-POLICE & NON-FIRE**

**Section I: Agreement Details**

Public Employer: Jackson Township Public Schools County: Ocean  
Employee Organization: Jackson Education Association Employees in Unit: 980  
Base Year Contract Term: 7/1/2008 6/30/2011 New Contract Term 7/1/2011 6/30/2014  
Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

	Column A Base Year - Total Costs <i>(Last Year of Previous agreement)</i>	Column B New Base Year - Total Costs <i>(First Year of Successor agreement)</i>
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	\$54,607,125	\$54,305,498
Item 2 ..... <u>Increment</u>	-\$713,330	-\$301,627
Item 3 ..... <u>Longevity</u>	\$445,000	\$459,000
Item 4 .....		
Item 5 .....		
Item 6 .....		
Item 7 .....		
Item 8 .....		
Item 9 .....		
Item 10 .....		
Item 11 .....		
Item 12 .....		
Any additional items list on separate sheet Additional Items		
<b>Section III: Totals - Sum of costs in each column</b>	\$55,052,125	\$54,305,957
	(Total)	(Total)

**Section IV: Analysis of new successor agreement**

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	\$55,052,125				
Effective Date (m/d/yyyy)	<u>7/1/2011</u>	<u>2/1/2013</u>			
Percent Increase .....	<u>3.1</u>	<u>3.1</u>			
Total cost of increase ..	<u>\$1,706,616</u>	<u>\$1,759,521</u>			
Total base salary (successor agreement) .....	<u>\$56,758,740</u>	<u>\$58,518,260</u>			

**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement) 2.06  
Dollar Impact (average per year over term of agreement) \$1,155,379.00

**Section VI**

*Health Insurance (Indicate costs associated on each line)*

	Base Year	Year 1				
Cost of Health Plan .....	\$11,389,140	\$12,747,866				
Employee Contributions .....	\$744,444	\$1,268,402				
Prescription .....	\$2,589,565	\$2,898,886				
Dental .....	\$750,262	\$786,471				
Vision .....	\$0	\$0				

*The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.*

**Section VII**

Prepared by: Scot Beckerman Title: Assistant Superintendent  
Print Name  
Signature Date: 1/3/2013